



Republic of the Philippines  
City of Malolos  
Province of Bulacan

**OFFICE OF THE BUILDING OFFICIAL**

**PLUMBING/SANITARY PERMIT**

APPLICATION NO. \_\_\_\_\_

PLUMBING PERMIT / SANITARY PERMIT NO. \_\_\_\_\_

- P/S

- P/S

**BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)**

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY	
ADDRESS: NO., STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO
LOCATION OF CONSTRUCTION:	LOT NO. _____	BLK NO. _____	TCT NO. _____	TAX DEC. NO. _____
STREET _____		BARANGAY _____	CITY OF MALOLOS	
<b>SCOPE OF WORK</b>				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/>	<input type="checkbox"/> RAISING _____	
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/>	<input type="checkbox"/> DEMOLITION _____	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/>	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____	
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify) _____	

**BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)**

FIXTURES TO BE INSTALLED						INSTALLATION & OPERATION OF :			
QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	WATER SUPPLY :	SYSTEM DISPOSAL :
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER CLOSET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BIDETTE	<input type="checkbox"/> SHALLOW WELL	<input type="checkbox"/> WASTE WATER TREATMENT PLANT
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLOOR DRAIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAUNDRY TRAYS	<input type="checkbox"/> DEEP WELL & PUMP SET	<input type="checkbox"/> IMHOFF TANK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAVATORY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DENTAL CUSPIDOR	<input type="checkbox"/> CITY WATER SYSTEM	<input type="checkbox"/> SANITARY SEWER CONNECTION
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KITCHEN SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DRINKING FOUNTAIN	<input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK		<input type="checkbox"/> SUB-SURFACE SAND FILTER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK		<input type="checkbox"/> SURFACE DRAINAGE
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK		<input type="checkbox"/> STREET CANAL
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER		<input type="checkbox"/> WATER COURSE
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify) _____		<input type="checkbox"/> OTHERS (Specify) _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR CONDITIONING UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVOIR	_____	<input type="checkbox"/>	<input type="checkbox"/>			
_____	TOTAL			_____	TOTAL				
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM <input type="checkbox"/> SEWAGE SYSTEM <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> STORM DRAINAGE SYSTEM									
PREPARED BY: _____									

**BOX 3**

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ Date _____ <b>MASTER PLUMBER/SANITARY ENGINEER</b> (Signed and Sealed Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

**BOX 4**

SUPERVISOR / IN-CHARGE OF PLUMBING/SANITARY WORKS	
_____ Date _____ <b>MASTER PLUMBER/SANITARY ENGINEER</b> (Signed and Sealed Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

**BOX 5**

BUILDING OWNER		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

**BOX 6**

WITH MY CONSENT: LOT OWNER		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

**TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION**

**BOX 7**

RECEIVED BY:	DATE:
<b>FIVE (5) SETS OF PLUMBING/SANITARY DOCUMENTS</b>	
<input type="checkbox"/> PLUMBING/ SANITARY PLANS AND SPECIFICATION	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (Specify) _____

**BOX 8**

<b>PROGRESS FLOW</b>					
	IN		OUT		PROCESSED BY
	DATE	TIME	DATE	TIME	
RECEIVING AND RECORDING					
PLUMBING / SANITARY					
OTHERS (Specify)					

**BOX 9**

**ACTION TAKEN:**

**PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:**

1. That the proposed plumbing/sanitary works shall be in accordance with the plumbing/sanitary plans filed with this Office and in conformity with the Revised Plumbing Code, Code on Sanitation of the Philippines, the National Building Code and its IRR.
2. That prior to any commencement of plumbing/sanitary works, a duly accomplished prescribed **“Notice of Construction”** shall be submitted to the Office of the Building Official.
3. That upon completion of the plumbing/sanitary works, the licensed supervisor/in-charge shall submit the entry to the logbook duly signed and sealed to the Building Official including as-built plans and other documents and shall also accomplish the Certificate of Completion stating that the plumbing/sanitary works of the building conform to the provision of the Revised Plumbing Code, Code on Sanitation of the Philippines, the National Building Code and its IRR.
4. That this permit is null and void unless accompanied by the building permit.

**RECOMMENDING APPROVAL:**

**APPROVED BY:**

\_\_\_\_\_  
**ENGR. CECILIA C. SANTOS**  
**ENGINEER II**

\_\_\_\_\_  
**ENGR. RICASOL P. MILLAN**  
**CITY ENGINEER**

Date \_\_\_\_\_

Date \_\_\_\_\_